

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7	1					
8	1					
9	1					
10	1					
11	1					
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TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

	IND		DEP		IND		DEP		IND		DEP	
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